We are in the thick of the 2012-2013 influenza season and the number of individuals infected with influenza continues to rise. Currently, 48 states are experiencing widespread activity and 5,249 laboratory-confirmed influenza-associated hospitalizations have been reported to the Centers for Disease Control and Prevention (CDC).

Among children who have been hospitalized with influenza, the most commonly reported underlying medical conditions were asthma, neurologic disorders and immune suppression. Forty percent of hospitalized children had no identified underlying condition. Additionally, as of January 12, 29 pediatric deaths have been attributed to influenza so far this season. Pediatricians can review the CDC’s latest weekly influenza report at http://www.cdc.gov/flu/weekly/fluactivitysurv.htm.

With many parts of the United States experiencing early and intense influenza activity, the CDC is re-emphasizing its recommendations for fighting the flu, which includes ensuring everyone 6 months of age and older receives the influenza vaccine, urging people to take everyday steps to avoid the flu and to make sure antiviral drugs are properly administered.

**Availability of Influenza Vaccine**

While some providers have exhausted their supply of the 2012-13 influenza vaccine, most areas of the country continue to have the vaccine available, the CDC reports. For the 2012-13 flu season, 145 million doses will be produced. As of early January, 28 million had been distributed, with 17 million doses remaining.

At this time, the CDC and AAP are not recommending prioritization of the remaining supplies of flu vaccine. Pediatricians looking for additional supply of the influenza vaccine can access the Influenza Vaccine Availability Tracking System at, http://www.preventinfluenza.org/ivats/. Clinicians who have exhausted their supply also can refer patients to the flu vaccine locator tool at http://flushot.healthmap.org/. The CDC recommends that providers reach out to others in their local community, including public health offices, to identify available supplies of vaccine and where patients can be referred.

According to early estimates just released in MMWR, the 2012-2013 influenza vaccine is 62% effective (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6202a4.htm?s_cid=mm6202a4_w). Based on this estimate, this year’s vaccine is moderately effective in protecting against the strains of influenza that are currently circulating. Even a moderately effective vaccine has been shown to reduce illness, antibiotic use, doctor visits, time lost from work, hospitalizations and deaths. Therefore, the CDC recommends that providers continue actively vaccinating patients. People are infected with influenza during the fall, winter, and well into spring. So, children should still be protected even if they are vaccinated as late as March, April or May.

**Use of Antiviral Medications**

Pediatricians will continue to see children presenting with influenza-like illnesses, so consideration for treatment with antivirals will be critically important. On Jan. 16, the CDC’s Health Alert Network issued a summary of CDC recommendations for influenza antiviral medications, which can be accessed at http://content.govdelivery.com/bulletins/gd/USCDC-675c25.

The Food and Drug Administration (FDA) has reported possible intermittent shortages of oseltamivir phosphate (Tamiflu) for oral suspension (6mg/ml 60ml) due to increased demand for the drug. Information is available at http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm314742.htm. When there are spot shortages of suspension, clinicians may consider substituting a 30 or 45 mg capsule for children (if dose is appropriate) rather than the suspension. These capsules can be opened and mixed with a thick sweetened liquid (such as regular or sugar-free chocolate syrup) if oral suspension is not available. Instructions for caregivers on how to mix Tamiflu in this way can be found at: www.cdc.gov/flu/antivirals/mixing_tamiflu_qa.htm.

If there is difficulty locating commercial Tamiflu for Oral Suspension, the FDA has approved instructions for the emergency compounding of an oral suspension from Tamiflu 75 mg capsules. These instructions are in the current package insert and are also posted separately on the manufacturer’s website, http://www.tamiflu.com/hcp/resources/hcp_resources_pharmacists.jsp.

The influenza virus is just so unpredictable. Hence, the best way to protect children from influenza is to encourage that they be vaccinated. As always, pediatricians should urge children and families to avoid close contact with sick people, covering the nose and mouth when coughing and sneezing, frequently washing hands, and staying home from school and work when sick.